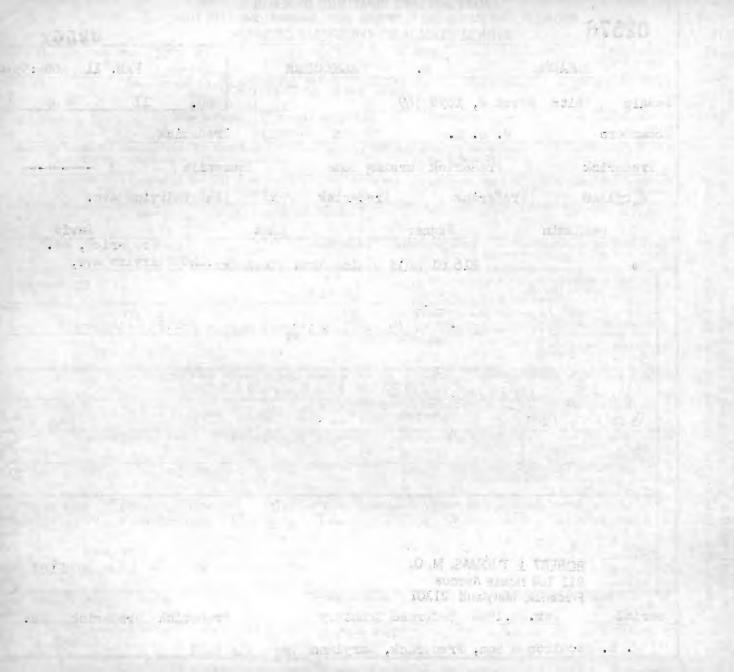
1/1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	J2562	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do	ay Year 2b HOUR	
is to	(Type or Print) ELEANOR M. ALEXANDER DEATH MATED FEB.	11 19689:55 N	
\$ m &	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR IT UNDER 24 HRS. 2c. DATE PROMOUNCED DEAD	2d. HOUR	
and 3 to man. Roge offmen of	Female White March 2, 1898 69 YRS. MONTHS DAYS HOURS MAN. Feb. 11	Year 19 68 M	
No Paris	7a. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	17 003	
form,	Boomsboro U. S. A. WIDOWED N DIVORCED Frederick	44.	
th fa		b. KIND OF BUSINESS OR	
24 hours ofter death in Item 18. Give Poges 1, 2 r's Office along with form es land 2 with the State Dear		DUSTRY	
give ng h th	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
18. Given along along with the death.	odmission viland Frederick Frederick YES K NO 148 Fairview Ave		
24 hours in Item 11 r's Office ss land 2	14. FATHER'S NAME First Middle East IS. MOTHER'S MAIDEN NAME First Middle	Last	
hour Item Office Office		Davis	
hin 24 ncil in niner's pages hours	Benjamin Wagner Emma  160, WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17. INFORMANT ADDITIONAL A		
within pencil xomine ile page 72 hou			
	No. (1985 give war or dothes of service) 216 Ol 4033 D Miss Anna Alexander, 148 Fairview	APPROXIMATE INTERVAL	
be executed "pending" in iief Medicol E ossit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH	
be execute "pending" ief Medico nsit permit	IMMEDIATE CAUSE (a) Suggestive From Salline		
f M f m ent ent ent ent	DUE TO, OR AS A CONSEQUENCE OF		
shauld be e ne word "per to the Chief I burial-tronsit I in any ever	(anditions, if any, which gave) (b) Arteus devotes of type of the Disease of insert in mediate cause (a),	16	
shauld e word o the Ch ourial-tra	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
2000	last. 4 70 (c)		
事中中の日	PARTA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
ifico iting arde al, o	2 Heloity, Decubitus Man; O'yelonephritis		
	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED? Traction Regard by 190. Condition for WHICH OPERATION  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	20. AUTOPSY?	
This icate, be for	Thacrones to p	YES X NO	
# 2 0	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	18.)	
INER: T e certific should b files. 3 should ration, or	E   CAUSE OF DEATH P.M. 19		
(AMINER: te the certi te 4 should rour files. age 3 shoul cremation,	factors office building stell	County State	
~ = 0 ~ 6	WHILE NOT WHILE TOCTORY, OTICE DUINGING, etc.)		
ICAL E executor. Pared for CTOR: buriol,	22a. I certify that I taak charge of the remains described above, held on Autapsy 🔀 Inspection 🗍 Inquiry 🗍	ond in my apinion	
Por Ged Por Control of	deoth resulted fram: Notural causes , Accident , Suicide , Homicide Undetermined manner		
please e l'director retoined. DIRECT	CHIEF MEDICAL EXAMINER		
y, ple eral di per ret AL Di prior	ACTUAL SIGNATURE AD LOCAL EXAMINER 22b. DATE SIG		
Ssory, F funeral by be r NERAL th pric	EXAMINER'S ROBERT J. THOMAS, M. D. DEPUTY MEDICAL EXAMINER &	.11.1968	
O DEPUTY SICAL IS THE functed director. Possible functed director. Possible function of Function of Function to buriol.	NAME (Type) 812 Toll House Avenue ADDRESS(Street, city, town, or county)	,	
necessory, the funero 5 moy be 70 FUNERA Health pr	230. BURIAL, CREMATION, Fredebick JE Maryland Be All OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (Stote)	
0	Burial Feb.14,1968 Reformed Cemetery Frederick Frederick	rick Md.	
2/2	24. FUNERAL DIRECTOR Avnala M. ADDRES Jalelie 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN		
VR A15ME (5)	M. R. Etchison & Son, Frederick, Maryland Pto 1 / 1988 (Charles	udge.	

MAKTLAND STATE DEPAKTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH  OSS 77 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		02563
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month E	Oay Year 2b. HOUR
Timent Timent	3. SEX Male  4. RACE S. DATE OF BIRTH S. DATE OF BIRTH Month	year 19 68 2d. HOUR
form form te Depa	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Frederick	Mo
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done   1 devine prosts of working life revenification).	26. KIND OF BUSINESS OR YDUSTRY
18. Giv olong with 1 death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMENT PLANTS COUNTY rederick Frederick YES NO 2 I West Third	
Office Office	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost Pavne
miner's pages 2 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grupknown) (If yes give war or dates of service) 214-28-1105 Ruth Henrietta Anders, Fred	V
forwarded to the Chief Medical Examiner's Office along with used as a burial-transit permit. File pages land 2 with the Staemaval, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (1) (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
s o burial-transit	rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
forwarded e used as remaval, a	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
1d b	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Manth, Day, Year  PRIMARY OR CONTRIBUTING HOUR A.M.	YES 🔼 NO 🗌
Your riles. Page 3 shou	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M.  21d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK AT WORK	County State
oined for ) IRECTOR: P to buriat,	22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry , deoth resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinian
the tuneral director  5 may be retained  0 FUNERAL DIRECT  Health priar to bu	ACTUAL SIGNATURE ROBERT J. PHOMAS, M. D.  EXAMINER'S NAME (Type) 812 Toll House Avenue ADDRESS(Street, city, town, or county)	GNED , 1968
D = 4	Burial 3/4/68 St. Warks Cemetery Petersville.	County) (State)
R A15ME (5)	24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25 SI  Pare MAR 4 1968  Prinswick Md.  Date MAR 4 1968	Eas Judges

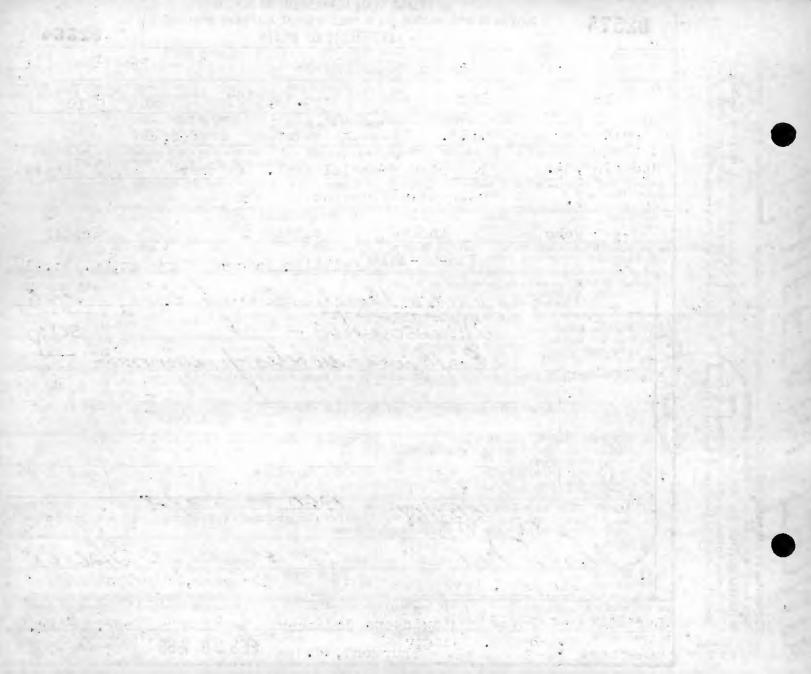
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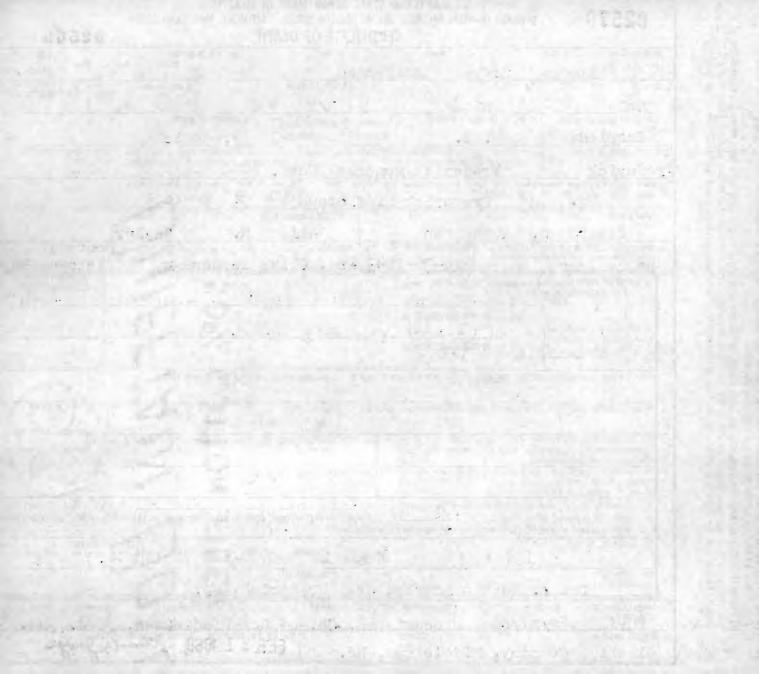
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MAKYLAND STATE DEPARTMENT OF HEALTH



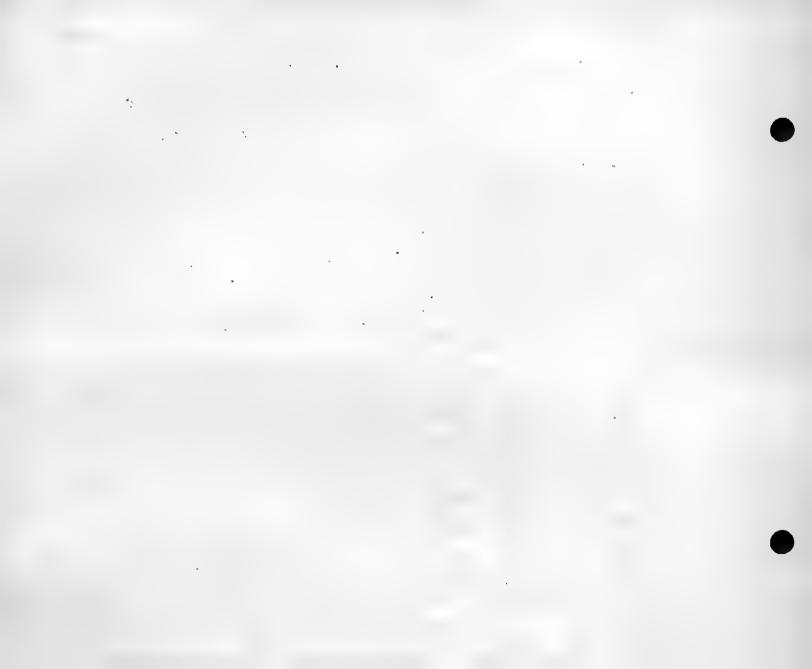
MAKYLAND STATE DEPARTMENT OF HEALTH



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1/	1	MARTLAND STATE DEPARTMENT OF HEALTH
100		Item F1 PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	<u> </u>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 256 H
MALTH DEPT,	1. 0	DECEASED NAME  Type or Print)
96 da 55	,	Type or Print) STANLEY EUGENE BRASHEARS DEATH MATED 2 9 168 M
delay 1	3 5	EX 4 RACE 5 DATE OF BINTH 6 AGE (In years 1 F UNDER 1 YEAR 5 UNDER 24 HRS 24, DATE PRONOUNCED DEAD 2d HOUSE
e pure se		M JULY24-1932 35 YRS MONTHS DAYS HOURS MIN Manth Day Year 19 68 538 M
E NI TO	70	BIRTHPLACE (Stote or foreign   76 CIT.ZEN OF WHAT COUNTRY?   8. MARRIED   9 COUNTY OF DEATH
	canu	MD 45A WIDOWED DIVORCED FREDERICK Md.
ges afe	10.0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital Decupation (Kind of work done 12b Kind of Business OR
after death 8 Give Page along with with the Sta	7	TREAD CO DIAM Street oddress) ME TO THE OWN HOLD THE STREET ON THE OWN HOLD THE STREET ODD THE OWN HOLD THE STREET ODD THE OWN HOLD THE
2 3 E	12:	FREDERICK give street oddress) MEMORIAL during most of working life, even if retired) ADUSTRY PLUMBER  USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN) 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER
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118 127		
4 haurs Item 18 Office I and 2	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 hours after death in Item 18 Give Pages r's Office along with fail es I and 2 with the State irs after death		JESSE IT BRASHEARS ELLIA!!! FAY!!! Lenora Ecker
hin 24 nclin niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT ADDRESS
	(,	(16s, no, or unknown) (If yes give war or dates all service) 220-28-7252 BERNARD BRASHEARS MT PLEASANT
be executed with persist Medical Examination of Institute of Medical Examitation of Institute of		18 CAUSE OF DEATH (Enter only one couse per line for (o), (k) and (t))  APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
executed naing in Medical E permit. F		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiac area Carrest, Cerebral Edema
e execut pending of Medic sit perm		912.9
De lef lef		Conditions, if any, which gove)
7 t G d 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		rise to immediate couse (a).  Stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
should be en ward per a the Chief I burial transit	li	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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This certificate should be executed cate, writing the word 'penaing' in be farworded to the Chief Medical E. I be used as a burial transit permit. For removal, and in any event within in removal, and in any event		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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XAMINER: ute the certificate of a shauld	S .	CAUSE OF DEATH
	Æ	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.)  21f LOCATION Street or R.F.D. No.  (ity or Town County State  At WORK AT WO
CAL EXAMINER execute the cer are. Page 4 shaul of for your files. CTOR: Page 3 sha burial, crematian		
TY SICAL E  Y, please exect sral director. Pa se retained for (AL DIRECTOR:) prior to buriol,	1 1	22a. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 📄 Inquiry 📄 and in my opinion
Page and a		death resulted fram Natural causes, Accident 🔀, Suicide, Hamicide, Undetermined manner
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necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) 812 Toll House Avenue ADDRESS(Street, city town, or county)
TO DEPL necessa the fun 5 may 10 FUNE Health	230	BURIAL CREMATION ECIETY DE CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	7	BURIAL 2/11/68 PROSPECT MT AIRY RURAL MA
*	24,	FUNERAL DIRECTOR , ADDRESS , 250 REC'D BY REGISTRAR 25b, REGISTRAR 5 SIGNATURE
VR A15ME [5]	1/1	10 Herteler Vlans Feberts trum DATEFB 1 3 1968 500 . " "
10M REV 1/68	3/	W HOUSEN THOUSE THE THE TOTAL TO STORY



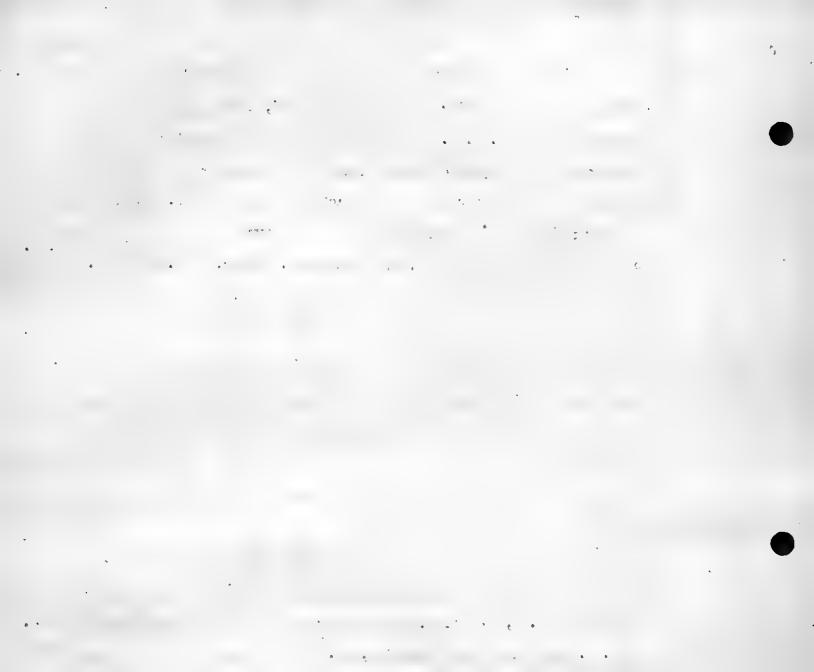
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02569 DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR CLARENCE (Type or print) **EDWARD** BROWN Februar Wonth 2. Doy 1988 5 D M 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years ast birthdoy) DAYS Male White April 22, 1903 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? PHYSICIAN: The law requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) Maryland U.S.A. Frederick. WIDOWED [ DIVORCED | signed by the ottending physicion and campletely filled burial-transit permit. Then please remove carban pape burial, cremation, ar removal, and in any event, within 73 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Frederick Mem. Hosp. during most of working life, even if retired.)
Ret. State Roads Comm. INDUSTRY Frederick None 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odm.ssion) STATE Maryland 13b COUNTY Frederick Jefferson YES NO None 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Charles Brown Laura Summers 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, quanknown) 219-36-3985 Mrs. Clarence E. Brown Jefferson. Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate couse (a). stating the underlying causes DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) te has been s use os the b alth prior to b 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [ director, page 3 should be detoched for use should be filed with the State Dept. of Health Page 4 moy be retained by the hospital or this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote O FUNERAL DIRECTOR: After ., 19\_\_\_\_, to\_ 22a. I certify that (I) (this haspital) attended the deceased fram. , and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an\_\_\_\_\_ couses stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED M.D. DEGREE MED DIRECTOR Feb. 2, 1968 22e. ADDRESS Frederick Medical Center Frederick, Md. PHYSICIAN'S Dr. J. R. Poirier M.D. NAME (Type 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMAT ON, (County) Jefferson. Frederick. Md. 2-5-1968, St. Pauls Lutheran Cem. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Frederick, MarylangueFFB 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month by the attending physician and campletely filled in by the fanera ransit permit. Then please remave carban papers. Pages Toord MARY SMITH BURGER February D . M 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after last birthday) MONTHS DAYS HOURS August 25. 79 1888 Female White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED U. S. A. WIDOWED -DIVORCED [77] Frederick Middletown 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Wynelle Nursing Home during most of working life, even if retired.)
Housewife INDUSTRY Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE Trederick YES NO [ 228 E. Church Street Frederick Maryland and in any 14 FATHER'S NAME Last Smith IS. MOTHER'S MAIDEN NAME First Middle Carrie Rudy 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Frederick . Md. Yes, no, or unknown) 28 7087 William S. Burger, 137 W. Third St. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, signed by the burnal-transit p Conditions, if any, which gove ) nse ta immediate cause (a), i DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) as the Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? ed far use of Health p YES -NO [Z] 21o. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while at wark 22a I certify that (I) (this haspital) attended the deceased fram 1964, 1962, to 1964, 1965, 1964, that (I) (we) last saw the deceased alive on 1964, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Vulerula smas 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (Stote) (County) Mount Olivet Cemetery Frederick Frederick Md. 250. REC'D BY REGISTRAR DATE | B 9 1 W ADDRESS Fadalan 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 Mb tilianelly judge 1968 30M REV, 1/68 M. R. Etchison & Son. Frederick. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.2571 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR ARL INGTON (Type or print) GROVER CHICK February Manth 20 Day 1968 or 4 a " 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNIOER 1 YEAR IF UNOER 24 HRS White last Brihday) DAY5 Male March 24. 1919 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State of fareign 9. COUNTY OF DEATH aquires that the death certificate be executed within 24 haur 8 MARRIED X NEVER MARRIED Maryland U.S.A. Frederick. WIDOWED [ DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give 303 dwest Patrick Street during post of tradition that the evaluation one Frederick 13a USUA: RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13# INSIDE CITY JANUTS? 13e. STREET AND NUMBER the attending physician and tamples to the second tample tample tamples to the second tample tample tamples to the second tample tample tamples tample Maryland 13b COUNTY Frederick Frederick YES 🚭 NO T 303 West Patrick Street 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Mary Susan KXXX Frv Howard Nolan Chick 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Md. Yes, no, ar unknown) ar remaval, 216-14-5243 Mrs. Ella E. Chick 303 W. Patrick St. Fred. 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO KT 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 21b. TIME OF INJURY ģ OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an , and that in (riv) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an.... causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. 2-20-1968 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Dr. Robert Hughes M.D. Montclaire Avenue NAME (Type) Frederick. Maryland directar, 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) BEHOVAL Specify) 2-22-1968 Mount Olivet Cemetery Frederick, Maryland 2Sb. REGISTRAR S SIGNATURE VR A15 (4) Frederick, Maryland FEB 23 1968 Ochanles 30M REV. 1/68

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131 37	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02570
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20. DATE KNOWN Mon	th Doy Year 2b HOUR
· · · · · · · · · · · · · · · · · · ·		B.10) 19 68 3a M
2, and 3. Page 2. parliments	3. SEX 4 RACE S. DATE OF BIRTH 6 AGE IN YOURS 1 YEAR IF JHOUR 24 HRS 2c DATE PRONOUNCED DEAD	1
\$ E E	Male White Nov.18,1942 25 yrs MONTHS DAYS HOURS MITH Femonth	Year 19 68 3 a M
\$ 7° 5	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH	
~ B &	Tauntry Pa. U. S. A. WIDOWED □ DIVORCED □ Frederick	Mc
age age ih f	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work dor	ne 126 KIND OF BUSINESS OR
hours after death Iny of them 18 Give Pages 1, 2, a Office along with farm PM 1 and 2 with the State Depart after death	Nr. Frederick Frederick Memorial Hospital during mast of warking life, even if refused	INDUSTRY
after 8 Giv along with t	130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIGE CITY JAMES? 13e STREET AND NUMBER	
s affer along along death	odmissian) STATE   13b (QUNTY   Cresson   VES X NO   871 William	Penn Highway
I haurs Item 18 Office Jand 2 after d	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 havrs in Item II r's Office es Land 2	Chester Craine Edna	Klazko
thin 24 ncul in niner's pages haces	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pencil xaminei ile page 72 hau	(Yes, no, or unknown) (If yes give wor or dotes of service) Casher - Kennedy Funeral Home,	Cresson, Pa.
shauld be executed wire word "pending" in period to the Chief Medical Exambural fransit permit. File In any event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mit mit	PART I. DEATH WAS CAUSED BY	BELACEN CHOSEL YOUR DEVIL
Med mdir Med per	DUE 10, OR AS A CONSEQUENCE OF	
be in the lief lief lief	Canditions, if any, which gave	
P	rise to immediate cause (a). (D)  stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
the the	last   (c)	
This certificate shauld be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a bunal transit permit. File pages or removal, and in any event within 72 haurs	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fical ing ing ing ded as	1 18054	
hrs certificate, writh the farwar be used be used to removal	190. DATE OF OPERATION  .9b. COMDITION FOR WH.CH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b. T ME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port L or Port)	20 AUTOPSY?
S of D of D	WAS PERFORMED?	YES 🌠 NO 🗌
dr page de pag	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port L or Part	2, Item 18.)
INER: Ti ne certifice shauld bu files. 3 shauld i natian, ar	21c HOW INJURY OCCURRED (Enter nature of injury in Port L or Part :   21c HOW INJURY OCCURRED (Enter nature of injury in Port L or Part :   21c HOW INJURY OCCURRED (Enter nature of injury in Port L or Part :   3	
로움프라 <b>르</b> 돌	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F,D No (ty or Tawn	County State
DEPUTY SICAL EXAMINER: scessary, please execute the certifie of funeral director. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,	WHILE DOT WHILE I factory, office building, etc) In I reduced I at work I stay work I beginner or	ench-Md.
VL EXA xecute . Page far yar yar nol, cre	220 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinian
ICAL E exector. Particular. Pa	death resulted fram. Natural causes . Accident . Suicide . Homicide . Undetermined mann	
please I director retained DIRECTOR DIR	CHIEF MED CAL EXAMINER	
TY, plerrat discrete reto	ACTUAL ( WWW X ) WOYNED ACCUSANT MCD CALL EVANIMED [ 226 D.	ATE SIGNED
D D D D D D D D D D D D D D D D D D D	RUBERT J. JITUIVIAS, IVI. D.	2-10-68
ro DEPUTY SIC, necessary, please e the funeral director 5 may be retained for the first Health prior to bu	NAME (Type) 812 1011 House Avenue Appress(Street city town or county)	
5 ± 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BURIAL (REMATION FEEDERS BATE MATYLAND 235 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	REMOVALISIDES (v)	ambra Pa.
	24. FUNERAL DIRECTOR Nouelle MADRESS Fadeley 250 RECIDEN REGISTRAR 18 25b. REGISTRAR	ambra Pa.  R'S SIGNATURE
VR A15ME (5) 10M REV 1768	M. R. Etchison & Son. Frederick. Maryland DATE FED 13 10 15	

MAKTLAND STATE DEPAKTMENT OF HEALTH



,	ı	JZ581		ID STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALTI		
*		2573				
- 22	1. D	ECEASED-NAME First	Middle	CERTIFICATE OF DEATH	2g. DATE OF DEATH	2b. HOUR
death		Type or print) Belva	Irene	Dorsey	February Manth 4. Doy	1968 <sup>ear</sup> 8:30p M
草色	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR 15 UNDER 24 HRS.
s af		Female	White	January 21,	1898 R 70 YRS.	MONTHS DAYS HOURS MIN
by by hou	70 I	atrut	b. CITIZEN OF WHAT COUNTRY?	THE TER HINKR ED	9. COUNTY OF DEATH	
7 2 2 2		Maryland	U.S.A.	WIDOWED DIVORCED	Frederick,	Md.
Pin		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
· 查克· 3		Braddock Height:	S Vindobona Co	onvalescent Home	rst of working life, even if retired.)  Ret. Seamsteess	None
cuted ample ve cal	odmi	usuat RESIDENCE (Where deceased ssign) STATE Maryland	has county	13c. CITY OR TOWN 13d MISIDE CITY U		Avenue
exe any any	14. [	ATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME F	irst Middle	Last
be and		Franklin	Colliflower	Mattie	Miller	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  FUNIRAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly fitted is by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carboa pagers. Pages 2 and a shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours director.	16a Y	was deceased ever in u.s. armer es, no or unknown)   Us yes give wor	D FORCES?  or dotos of service)  215-20-71	N	Dorsey 112 Clark	Place Fred. Md.
cert g pk fler nov						APPROXIMATE INTERVAL
ath ii. iii. ir.rei		PART 1 DEATH WAS CAUSED I	one cause per line far (a), (b), and (c). BY. CAUSE (a)	mer of the	Cartan	3-4 Alaca
the de nu de		1541	DUE TO, OR AS A CONSEQUENCE OF		<u> </u>	1
the the state of t		Canditians, if any, which gove	(b)			
that m. by t cans	'	rise to immediate couse (a),( stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF			
res sicio led l al-tr		last.	(c)		· · · - · - · · · · · · · · · ·	
requires that the sphysician. Signed by the burial-transit p burial, cremation		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(o)	
w rading seen	8	134x				
e la tenca us ba as pria	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
r at r at e ho use	ERI	210. ACCIDENT WAS UNDERLYING	ALL YULS OF INITIAL	YES NO 🗗		
dal a al a licati far Hec		OR CONTR BUTING CAUSE OF DEATH (If either, natify medical examine)	215 TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2,	Item 18.)
SIC Ispit sertiil ned t. of	MEDICAL	(If either, natify medical examiner 21d. INJURY OCCURRED 21e, Pt	P.M. 19		City or Town	Caunty State
the hother this detack		at wark ot wark		21f LOCATION Street or R.F.D. No.		,
by Wifter Stat		220. I certify that (1) (this	hospitol) ottended the decease	ed from August 19 to 9 & and that m (my) (aur) api body after death.	Z, 10 <u>Febre</u> , 19	that (1) (we) last
ned he different the		causes stated above	(1) (we) (did) (did not) view the	body after death.	nion death accurred on the do	ite and haur and fram the
E E E E E E E E E E E E E E E E E E E		22b. SIGNATURE	1500.1		22ε.	DATE SIGNED
OR De r		WAI	uddich		ED. STAFF 24	<b>-</b> 4-1968
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNIRAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creases.		22d. PHYSICIAN'S NAME (Type) Dr. Wil	ll <b>is Ri</b> dd <b>i</b> ck	M.D. 22 CADDRESS Frederick	Medical Center,	Frederick, Md.
HOS Fign aulo	23o	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
<b>5 6 9 9</b>		BURIAL, CREMATION, 23b. DA BURIAL (Specify) 2-7;	2 (/0/0	Olivet Cemetery	Frederick, Fr	rederick, Md.
VR A15 (4)		HINERA DIRECTOR	ADDRESS			
30M REV 1/68 3	13	Robert E. Daile	Son Freder:	ick, Maryland MEB	8 1968 Jelian	les Sudges.

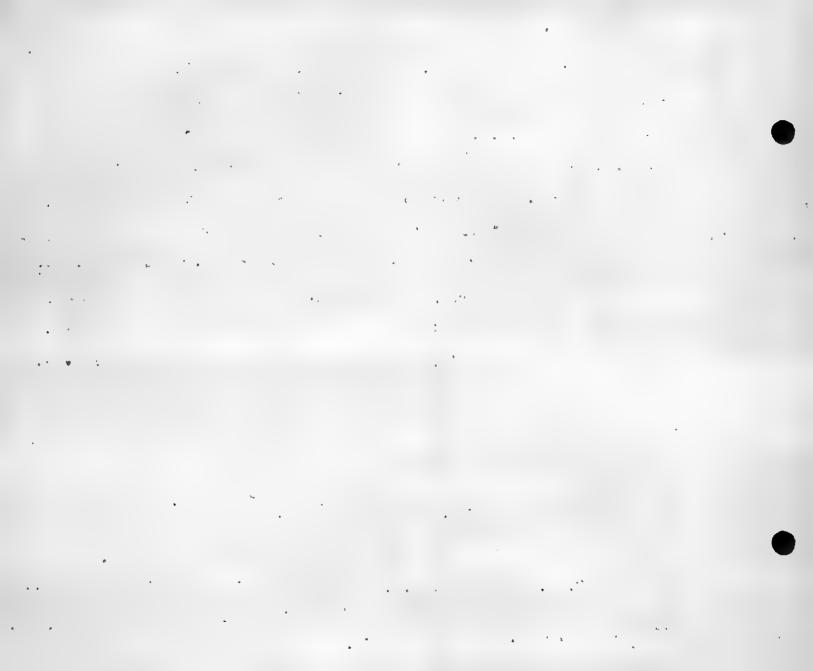
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12581 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First February Month (Type or print) HELEN HORINE EVERHART HARGETT 6 A. M 6 AGE (In years elast birthday) 3. SEX 4 RACE S. DATE OF BIRTH IF JNOER 1 YEAR HOURS burial-transit permit. Then please remove carbon puppers. Page burial, cremotian, or removol, and in ony event, writin 72 hours al October 29,1906 Female White 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 24 hour 8. MARRIED 1 NEVER MARRIED Maryland Frederick U. S. A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address. Memorial Hospital Housewille life, even if retired.) INDUSTRY KKKKKK Frederick 13a. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 13e STREET AND NUMBER 136 INSIDE CITY LIMITS? requires that the death certificate be executed 13 rederick odm won WATE Route 4 Route h NOTE 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle Last Hargett Bertha Α. Leroy Culler Horine 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, pa, ar unknawn) Unknown Max Everhart, Route 4, Frederick, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) tensive arterioschrotic cerebral signed by the offerdir burial-transit permit. DUE TO, OR AS A ENSEQUENCE OF (anditions, if any, which gave) rise to Immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES Z NO | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work > -2 3, 1968, that (1) (we) lost causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF Feb. 23, 1968 DIRECTOR 22e, ADDRESS 22d PHYSICIAN S NAME (Type Rex R. Martin, MD. 220 N. Market Street, Frederick, Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE (County) (State) Jefferson St. Paul's Cemetery Frederick Md. ADDRESS Falelier M. R. Etchison & Son, Frederick, Maryland 30M REV 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

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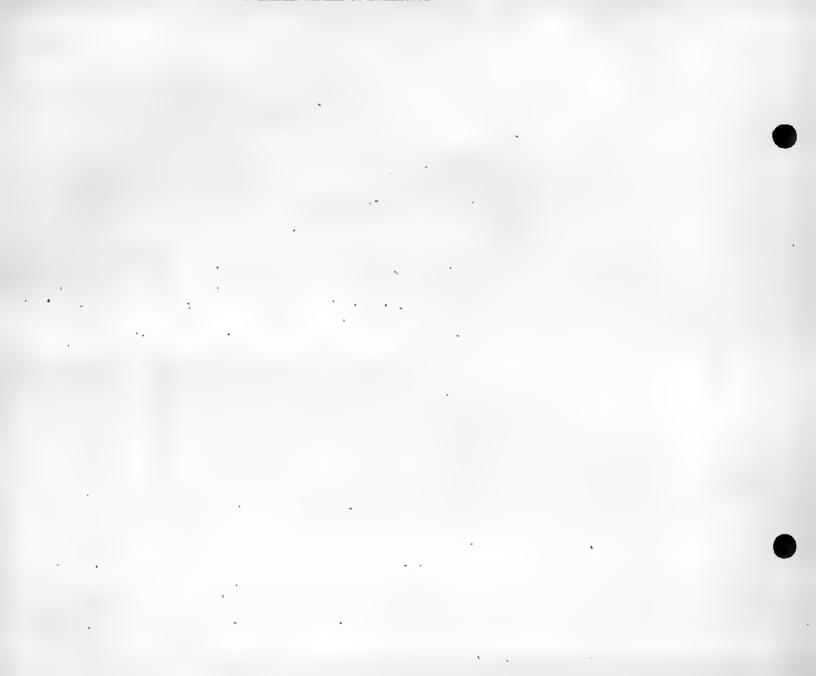
				MARYLAND STATE DEPARTMENT OF HEALTH
4.1.1	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2]201
P	•	- 1		CERTIFICATE OF DEATH 02572
	- NE	ŀ	) DE	CFASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
	eat so		(T	rear print) Charles Howard Fraley 2 Month /3 Day 1968 3: AM
		ŀ	3. SE	
	urs after		A	4. RACE  4. RACE  5 DATE OF BIRTHY  6 AGE (In years If UNDER 1 YEAR IT UNDER 24 HRS.  1 ast birthday)  1 and
	by the Pognars	Ī		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	E SES.			Tartland United State WIDOWED DIVORCED Trederick Md.
	rithin 24 filled In paper		10. C	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done life, even if retired.)  121 USUAL OCCUPATION (Kind of work done life, even if retired.)
	l wi	1	130	USUAL RESIDENCE (Where decessed lived if restriction Residence before 13c CITY OR TOWN 13d Mission CITY LIMITS 13e. STREET AND NUMBER
	completely ove corba y event, M	/		STATE Md. 13b COUNTY Fred. Thurmont YES NO E Route 1
	ond corrections		14. F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
	e be on o ose i		160	James Henry Fraley Isabelle Victoria Sweeney  WAS DECEASED EVER IN U.S. ARMED FORCES?   166, SOCIAL SECURITY, NO.   17 INFORMANT Address
	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  Description of completely filled in by the attending physician ond completely filled in by director, page 3 should be detached far use os the burial-transit permit. Then please remove cordan pages should be taken by the outled in the state Dept. Of Health prior to burial, tremation, or removal, and in ony event, within 27 haurs		Υ.	Progrunknawn)   Hyes gave war or dates of service)   214-10-5881 Mrs. Ella M. Fraley Thurmont, Md RD2
	cer Mg p			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ath ndir it.			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Colored Color
	de utter erm			15/9 DUE TO, OR AS A CONSEQUENCE OF carely expossion
	the or the or the or the or the			Conditions, if ony, which gave rise to immediate cause (a), (b) the conditions of the cause (a), (b)
	hat n. y tl			rise to immediate couse (a),  DUE TO, OR AS A CONSEQUENCE OF
	requires that the physician. signed by the c burial-transit p burial, crematio			stoting the underlying couse   DUE 10, OR AS A CONSEQUENCE OF   (c)
	phy: phy: sign buric			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	v re ing en to		~	quent get anterescensis.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, crea	n	CERTIFICATION	19th DATE OF OPERATION 19th, CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY?  YES NO CAUSES OF DEATH?
	or of the heart of	-4	CERT	21a. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.)
	Fer fire			TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year
	Spi Spi Serti Ped t. o		MEDICAL	(If either, nat.fy medical examiner) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County State While
	PH) e he his e petacl			Wh.le Not while at work of wark
	St. t. e.			22a. I certify that (I) (this haspital) attended the deceased fram
	Afr Agr			saw the deceased glive an - 2 / ( - 19 6 Yand that in (my) (aur) apinian death accurred an the date and haur and tram the
	Selection of the select			causes stated_abave, (1) (we) (did) (did,nat) view the body after death.
	OR ATTENDING be retained by 1th SIRECTOR: After 1 e 3 should be de ed with the Stote			226. SIGNATURE Franch Cerry Odegree ATTENDING MED DIRECTOR D STAFF DIRECTOR D PHYS. D 2/ 3/68
	be died			22d PHYSICIAN'S 22e, ADDRESS 22e, ADDRESS
	O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fil	/	,	MAME(Type) Frank Damazo 228. ADKES 700 Moreloane Fred.
	HO:		23 a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)  Lewistown Cemetery Lewistown Fred. Co. Md.
	5 5 5 0	4	2/1	
	VR A15 (4) 30M REV 17	68	1	naymond E. Oreager   FFR 14 1968 Vollage Venter
		1	14	mind & breager Thurmont, Md. DATE 12 10





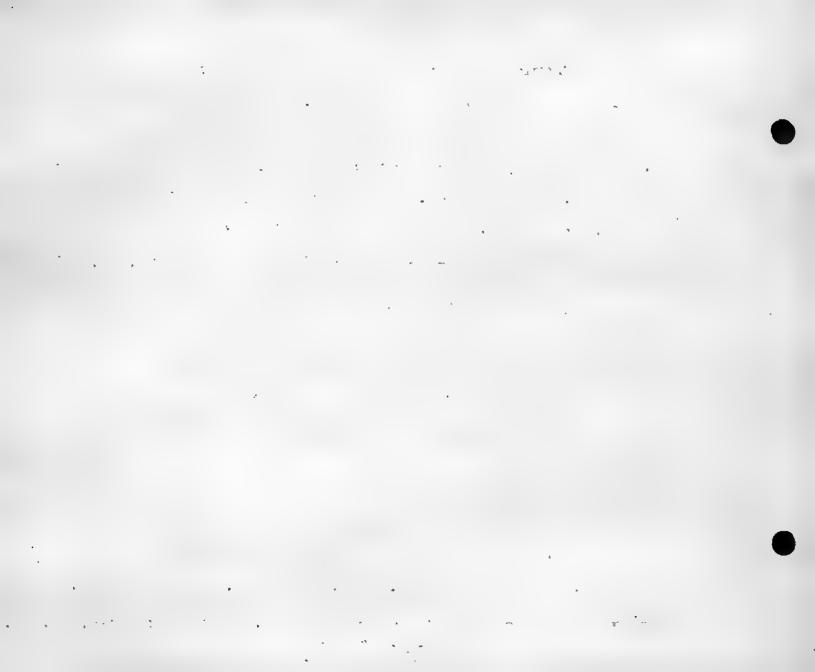
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1 1		16091	DIVISION OF VITAL RECORDS,			, MARYLAND 21201	43 F- M
I.	CERTIFICATE OF DEATH						2579
		CEASED NAME First	Middle	Last		DATE OF DEATH  Month Day	Year 25 HOUR
-		Fimer	R.	Garnand		2 19	Year 14.36 M
	3. SE		4. RACE		OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		male	White	2/	14/1879	89 YRS.	
- 1	70. B	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED [] NEVER	N ITHENNICH	NTY OF DEATH	
Į.		Maryland NATH	U.S.	tage.	*****	ederick	Md.
1	F	rederick	•	. Home	during most of w	PATION (Kind of work done rarking life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY  factory
^	13o. admis	USUAL RESIDENCE (Where decease sisten) STATE Md •	ed lived, if institution Residence before 13b. COUNTY rederick	Nyersvil	A STATE OF THE PARTY OF THE PAR	13e STREET AND NUMBER	•
, [	14. E	ATHER'S NAME First	Middle Last		R'S MAIDEN NAME First	Middle	Lost
7 [		un	known	u	nknown		
	16a. Ye	WAS DECEASED EVER IN U.S. ARMI	nr or dates of service)			Address	oro, Md.
ŀ	n			329 Mrs.	Ruth Faul	iers, Boomsb	APPROXIMATE INTERVAL
		<ol> <li>CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED</li> </ol>	ly one cause per line far (a), (b), and (c).)	1. 14	4 4 2	0	BETWEEN DISET AND DEATH
- }	-1	, IMMEDIAT	ITE CAUSE (o)	ring 1/3	en ta	Kung	201040
- 1		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	1. A.	A. 11	and day	1 IA William
- 1	- 1	rise to immediate couse (a),	(b) Unit	our no	Carper-NOR	icher proposi	10 years
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
	H	- /	(c)	T DELATED TO THE TED	DISTANCE OF CONDITION	NI CIVEN IN DAPT I(a)	
- 1		Park & mark	2 a la l	VI	MINAL DISDASE OR CONDING	IN DIVER IN PART I(U)	
-	NO	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PER	PEORMED 20g	AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
ı	E.	TAGE OF STEEDINGS	CONDITION ON THINGS OF CRASSICS THAN SEE		ES   NO	CAUSES OF DEATH?	STOREGE IN CERTIFICIO
1	<b>METIFICATION</b>	21a. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY			of injury in Part 1 ar Part 2, I	tem 18.)
		OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Day Year				
		(If either, natify medical examinated INJURY OCCURRED 21e I	PLACE OF INJURY (AF HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		Street or R.F.D. Na.	City or Town	County State
		21d INJURY OCCJRRED 21e I While Nat while at wark	OFFICE BUILDING, ETC	1			4 -
١			is haspital) attended the decease	d from 2 12	19/02	to Tel-17, 19	&X, that (I) (we) last
1		saw the deceased ali	s haspital) attended the decease live an Fall	9 LeX, and that is	n (my) (aur) apınian d	eath occurred an the dat	te and haur and from the
1			, (I) (we) (did) (did not) view the l	oady after death.			
-		22b. SIGNATURE	2 2 × 1 a	DEDDES ATT	TENDING MED	STAFF -	DATE SIGNED
ı		22d. PHYSICHAN'S	ry/ None	DEGREE PHY	YS DIRECTOR  ADDRESS	LI PHYS LI	-//7/60
		NAME (Type)	eBov T. Davis	228	Frederick	Md.	
ŀ	23.0	BURIAL, CREMATION, 23b. D		EMETERY OR CREMATO		LOCATION (City or Town)	(County) (Stote)
	230.	DEMONIAL CC C )		Cemetery	1	1 1	
	24	FUNERAL DIRECTOR	ADDRESS	cemerer.	250. REC'D BY REGIS	TRAP CO 256 REGISTRAR S	red Md
)			many. Middleton	m. Md.	DATEER 2 ]	1964	7

MAKTLAND STATE DEPARTMENT OF HEALTH



12594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH 26 HOUR (Type or print) Month 3. SEX 4 RACE S. DATE OF BIRTH 6. AGF (In years IF UNDER 24 HRS IF LINDER 1 YEAR last birthday) MONTHS DAYS HOURS YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED M NEVER MARRIED DIVORCED [ Daper WIDOWED burial, cremation, or removol, and in any event, within 10. CITY OR TOWN OF DEATH, 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address INDUSTRY during most of working life, even if retired ) remove corban completely 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before, 13e STREET AND NUMBER requires that the death certificate be executed admission | STATE NO Z ond ( 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle attending physician permit. Then please 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no ar unknown) yes give war or dates of service) 215-24-0 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) buriol-tronsit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF offending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ertificate has been s ed for use os the b of Heolth prior to b 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO YES [ this certificate Page 4 may be retained by the haspital or 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detached director, page 3 should be detache should be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from LED 20. to 196-8 , and that in (my) (our) apinion death occurred on the date and hour and from the sow the deceosed plive on.... couses stated above. (1) (we)(did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22e ADDRESS 22d PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OF TREMATORY 23b DATE 23d. LOCATION (City or Town) (State) 23a BURIAL CREMATION (County) 25a. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02582 CERTIFICATE OF DEATH 26 HOUR P Lost 20 DATE OF DEATH DECEASED NAME Farst Middle Month (Type or print) deal Doy 1968 eo Feb. Russell Ames Hendrickson 3 SEX S DATE OF BIRTH AGE (In years IF UNDER 1 YEAR lost birthday) ZHTIMOM Male White Apr. 9-1891 requires that the death certificate be executed within 24 haurs physician and completely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) please remave carban papers. I, and in any event, within 72 h DIVORCED U.S.A WIDOWED [ Md. Frederick 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired ) INDUSTRY Dry Goods Frederick W.Second St. Merchant any event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. UNSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 119 W. Second St. YES TO Frederick Frederick Middle 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Lost John David Hendrickson Louisa Alice Hunt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT AddresFrederick-Md. Yes, no, or unknown) 218-03-5219A Mrs. Mary G. Hendrickson-119 W. 2nd.St. Yes WWar 18. CAUSE OF DEATH (Enfer only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH BLAODER burial transit permit. ARRINOMA IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, i last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been ed far use as the of Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 1 detached far use 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R F.D Ng. State City of Town County While Not while to work ot wark 22a. I certify that (1) Ithis hospital) attended the deceased from. 19 68, and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive on\_ director, page 3 shauld should be filed with the (did not) view the bady ofter death. couses stoted above (f) (we) (did) 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 804 Toll House Ave.-Frederick, Md. 21701 Dr. Richard C. Reynolds 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Frederick- Md. ADDRESS Whitmore 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M.R.Etchison & Son VR A15 (4) Frederick, Md. 21701 DATE FEB 1988 30M REV 1/68

16.2 L.M. 10.30 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11259: CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A death. death. (Type or print) Feb. Month 7:30M HOLT ETHEL. GRACT burial, cremation, or removal, and in any event, within 72 haurs after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS offe lostrointhday) June 16, 1894 Female White within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AN NEVER MARRIED 9. COUNTY OF DEATH Marvland USA Frederick physician and campletely filled in WIDOWED T DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) ( Tall during most of working life, even if retired.) INDUSTRY 'rederick rural Home Fore 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMES? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b COUNTY Pred. RD Lewistown Mid . Fred. YES 14 FATHER S NAME Middle Lost 15. MOTHER S MAIDEN NAME First Middle Rice Florence Louis Staub 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) [ [II] yes give war or dates of service] 219-07-88/1 Leslie S. Holt Sr. Frederick, 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to I 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.
(If either, notify medical examiner)
P.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED Stote City or Town County White Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 10 1, 1963, to 124, 29, 1968, that (I) (we) last saw the deceased alive an 2, 1963, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** DEGREE, DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Thurmont, Mar yland NAME (Type) Grav ames 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 SURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Spenify) 3-2-68 Mt. Olivet Cemeterv Frederick Fred. 0 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 Thumont, Md. DATE MAR 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH ,2595 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02584 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2g. DATE OF DEATH First 2b. HOUR (Type or print) director, page 3 shauld be detached far use as the būrial-fransit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after 3 SEX 4 RACE IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS GAY5 HOURS WHITE YRS requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) ducing most of working life, even if retired) 13d. NSIGE CITY LIM TS? 13e STREET AND NUMBER Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic SARCOMA 4 mo Ostes ceuic DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Sarcoma nse to immediate cause (a), be retained by the hospital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) None & FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO TX 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hespital) attended the deceased from 9/6, 19 67, to 2/27, 1968, that (I) (we) last saw the deceased alive an 2/27, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR TO HOSPITAL (Page 4 may b 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) ROBERT ROBERTS 801 Toll House Ave 23d LOCATION (City or Town (County) FUNERAL DIRECTOR 1968 1/68





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A ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.  ECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fig. 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of t		TTY OR TOWN OF DEATH Frederick		morial Hospital	USUAL OCCUPATION (Kind of work done and the street)	126. KIND OF BUSINESS OR Frederick City
completely completely give carbor y event, with	13a	USUAL RESIDENCE (Where deceosed	d lived, if institution. Residence before	13c. CITY OR TOWN 13d. INSIDE		
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R: /	1	couses stated above.	(I) (we) (did) (did not) view the	bady after deoth.	apinian death occurred on the do	re and have and from the
ATA Signature of the state of t	1	22b. SIGNATURE			22c.	DATE SIGNED
28 SE	1	Solu MI	Pulle 1	DEGREE PHYS	MED. DIRECTOR D STAFF D #	ER 2,68
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TO HOSPITAL OR ATTEND Page 4 mby be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 9	L	NAME (Type) JOHN	M. CULLER			ERICK, NO
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FOR STATET	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1 DECEASED NAME First Middle Lost 20 DATE KNOWN Manth Day Year 2b HOUR										
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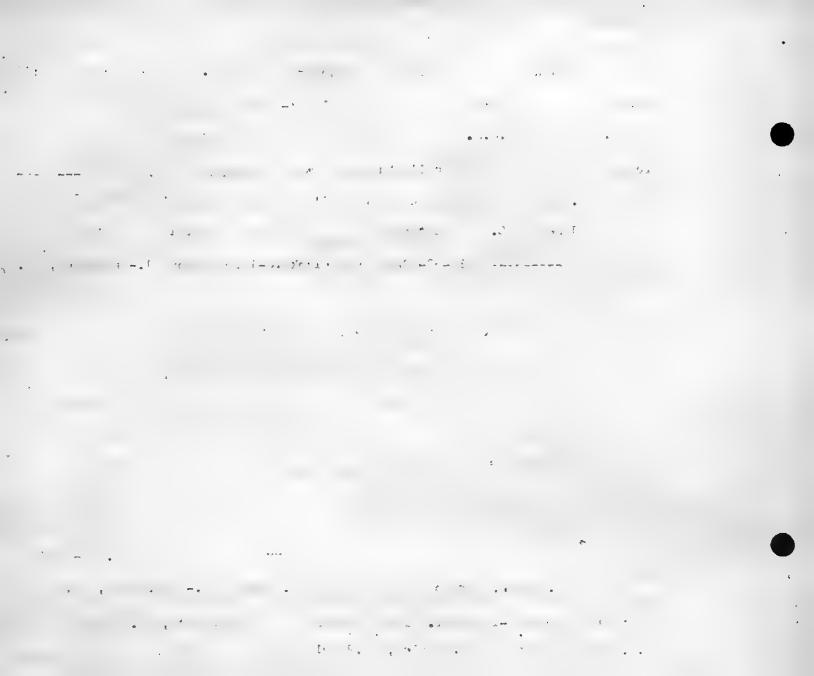




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A Secretary Commencer Comm \*\*





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o e e e e e e e e e e e e e e e e e e e	14. [	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
se din	$\vdash$	Caleb J. Auc Emma C. Sulcer
sicic olea , an	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (fes, no. or upknown) (If yes give war or dates of service)
ohy:		217-16-9732 my Delugar Rice 188. 6th St. Frederick M.
ne de la		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) c
看 ē · · · · · · · · · · · · · · · · · ·		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)).  PART ! DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) LONGESTWILL DEATH  APPROXIMATE ANTERVAL  BETWEEN DASET AND DEATH
dec dec	1	
e a pe	1	Canditions, if any, which gave)  DUE TO, OR AS A CONSECRÉTORE OF  Canditions, if any, which gave)
at the	1	rise to immediate couse (a), (b) (b)
an H	1	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that th physician. signed by the burial-transit t		last. 4200 (c)
Phy sign suri		PART (2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law requires the attending physician. has been signed by se as the burial-train prior to burial, cre	-	Health Maraufual Jufacts
law per		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
interior and a second	CERTIFICATION	YES AND CAUSES OF DEATH?
ar a	E	
AN Particular		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
at a table	MEDICAL	(If either, natify medical examiner) P.M. 19
HA Bar Ha	E	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) While Not while Not while
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifical je 3 shauld be detached far jed with the State Dept. of He		at work at work
NG be of table		
A P A B B B B B B B B B B B B B B B B B		22a. I certify that (I) (this haspital) attended the deceased from 26at (5, 195a, to Fut 4, 196k, that (I) (we) last saw the deceased alive an 196k, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
E E E E E		causes stated abave, (I) (we) (did) (did not) view the bady after death.
A ST CHANGE		22b. SIGNATURE 22c DATE SIGNED
OR SIRI e 3	П	Thrules & Stree DEGREE PHYS. DIRECTOR D
AI D	Ш	22d. PHYSICIAN'S 22e. ADDRESS
SPITAL 4 may VERAL I far, pag	Ш	NAME (Type) 7 Gombs STONE Fredorick, (?) 1)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Page 4 may be retained by the haspital or aftending physician.  TO FINERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon by shauld be filled with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within a shauld be filled with the State Dept.	23n	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
O HOS Page 4 O FIIN directs shaul	1	REMOVAL (Specify) 1 2 M / C ASO 1 D 2.1
2-2	24	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGIST
VR A15 (4) 30M REV. 1/68	24.	
50m KL4, 1700 (		4. C. Bartan, Walkersmille, md 21793 DATEFEB 8 1838

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4)1	MARYLAND STATE DEPARTMENT OF HEALTH  JA 6 1 - DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
Ī		ομκ
	EMMA E. SMITH DEATH MATERIAL 2-0 1968 5 7	O M
	SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours 1 FUNDER 1 YEAR FUNDER 24 HRS 20 DATE PRONOUNCED DEAD White Nov-5,1914 53 YRS HOURS Min Pour 1968 63	OOR M
	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 7. COUNTY OF DEATH	-
	Gore, Maryland U. S. A. WIDOWED TO DIVORCED THE Frederick	Md
L	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (K not of work done during Hotes with 12b Kind OF BUSINESS OF during Hotes with 12b Kind OF BUSINESS OF during Hotes with 12b Kind OF BUSINESS OF DURING HOTES OF DURING H	R
13	o SUAL RESIDENCE (Where deceosed i ved, if institut on Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13bround 13bround Frederick Frederick VES K NO 479 W. South Street	
14	FATHER S NAME First Middle Lost IS MOTHER S MA DEN NAME First Middle Lost	_
1	James H. Ambrose Lottie Stitley	
	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
H		_
	PART I. DEATH WAS CAUSED BY.	Н
	IMMEDIATE CAUSE (0)  DUE TO, OR AS ACCONSEQUENCE OF	
	(anditions, if any, which gave)	
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Ē	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY2	
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED? YES \( \text{NO F} \)	
CERT	2 o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18.)	٨
MFDJCAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
ME	The state of the s	Иe
	AT WORK AT WORK	
Г	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opin	1101
	death resulted from Notural cause	
П	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED /	
L	2/9A//9	
L	EXAMINER'S NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)	_
2.	Id. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
2	Burial Feb.23, 1968 Rocky Hild Cemetery Woodsboro, Frederick Md.	
2	Touted . F. ( ) C 1000 Million in my fine	
	M. R. Etchison & Son, Frederick, Maryland DATE FED 20 1000	

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1	1	261:		D STATE DEPAKTMENT OF H 301 W. PRESTON STREET, BALTI		
•		,	-	ERTIFICATE OF DEATH		02599
death.	(1	CEASED-NAME First  ATTIE	Middle B •	SWEENEY	FEBRUARY 13	1968 26 HOUR 1968 7 <sup>26</sup> PM
dages rs afte	3. SE	F'emale	White	s date of birth 4-10-1894	73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
popers nin 72 jou	7a   cogi	BIRTHPLACE (State or fareign 7	L CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Frederick	Md.
withing	10, (	ity or town of death Fr derick	EBAs 景岛(Septeracy)C K I	TITUTION (If not in haspital 12a. USUA 1emorial during mp	र्म कि	126, KIND OF BUSINESS OR INDUSTRY Own Home
nave carban ny event, with	13a. odm	USUAL RESIDENCE (Where deceased issuan) STATE Md.	lived, if institution: Residence before	13c. CITY OR TOWN 3d. INSIDE CITY UN Thurmont YES NO		
in any ev	14	ATHERS NAME First Charle:	M ddle Lost	15 MOTHERS MAIDEN NAME FI		Lost
oval, and i	16a.	WAS DECEASED EVER IN U.S. ARMEI es, rpg of unknown) (If yes give wor	or dates of service) 166 SOCIAL SECURITY M	io. it informant Howard N. Sw	Address coney Thurmo	nt, Md.RD 1
nds been signed by the attending physical and completely filling as the burial-transit permit. Then please remaye carban bot h priar ta burial, cremation, or removal, and in any event, withis the priar ta burial.	CERTIFICAT ON	Conditions, if only, which gove in se to immediate couse (a), stating the underlying cause lest.  PART 2 OTHER SIGNIFICANT COND  INDICATE:	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  STIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORCO		DEPARTED IN CERTIFYING
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cre	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine) 2.d. INJURY OCCURRED 2 2 is. P.	216 TIME OF INJURY HOUR A.M. Manth Day Yeor P.M. 19		noture of injury in Port 1 or Port 2, It	ern 18.)  County State
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		ot work ot wark  22a. I certify that (I) (this	haspital) attended the decease	9 6 9, and that in (my) (aur) apir pady after death.  DEGREE PHYS DI	ED. STAFF 22c. D	6 K , that (D) we) last
VERAL D		22d. PHYSICIAN'S NAME (Type) Richs	ard C. Reynolds	_ 22e, ADDRESS		ick, Md.
direct,			16-68 Blue F	CEMETERY OR CREMATORY Ridge Cemetery		(Caunty) (State)
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	Raymond E	Creager 250. RECOR	B 1 9 1968 REGISTRAL	GONTHE Judges



	774	DIAISION					LIIMOKE, MAKT						
FOR STATE	√ 0∠61 4 MEDICAL EXAMINER'S CER					ERTIFICAT	RTIFICATE OF DEATH				12899		
HEALTH DEPTAT	1 DECEASED-NAME	First		M dd	le	Lost		20. DATE KNOWN	X Month	Day Year	2b HOU		
\$ 5 8 5 ×	(Type ar Print)	Johr	1	Eph	raim	Wagerr	nan	OF ESTI DEATH MATED	Feb.	24 1968	3		
deloy	3 SEX	4. RACE	S DATE OF BIE		6. AGE fin years	IF UNDER I YEAR	IF UNDER 24 HRS	2c DATE PRONOUN	ICED DEAD		2d HOU		
PM3.	Male	White	Nov. 14	. 1909	10st byrthdoy) 58 YRS	MONTHS OAY	S HOURS MIN,	Manth Feb.	Sh.	Year 1968			
5421	To BIRTHPLACE (Sto	1	76 CITIZEN OF WE	·		RRIED E NEVER	MARRIED 9 CO	UNITY OF DEATH		100			
- 1	country) Mary		U.S.A.					ederick (	Country				
Poges Vith far	10 CITY OR TOWN				L OR INSTITUTIO	N (If not in hospi	tal 12a USUAL O	CCUPATION (Kind of	work done	12b KIND OF BUS	INESS OR		
after deoth  8. Give Pages 1 olong with farr with the State D eath.	Emmitsb	nre.	give	street address)	R.D.#	1	during most	of working life, even	of retired.)	INDUSTRY			
Give de Give do ong w th the th.	13a LISHAL RESIDE	NCE (Where decens	ed I ved, if institu	ution Residence	hefore 13c (IT)	OR TOWN	13d INSIDE CTY LIMITS?	13e STREET AND N					
s after 18. Giv e olong 2 with death.	admission) STA	Maryland	13b COUNTY TO	rederic	Emm	itsburg	YES NO 🔂	R.D.#	¥1				
should be executed within 24 hours after deoth he word "pending" in penal in Item 18. Give Poges to the Chief Medical Examiner's Office olong with famburial-transit permit. File poges land 2 with the State Id in any event within 72 hours after death.	14. FATHER'S NAME	First	Middle		Last		MAIDEN NAME First		Middle	Lost			
of of of of		Charles		Wager	man		Fann	ie I	10	Bolling	er		
hin 24 not in niner's poges I hours	160. WAS DECEASED	EVER IN U.S. ARMED E	ORCES?	16b. SOCIAL SEC		17. INFORMANT			RESS		,		
w thin pencil xamine ile pogr	(Yes, no, or unknown)	OWN) (If yes give i	wor or dates of service)	184-07		Mrs. Jol	n E. Wage	rman. Emm	nitsbur	g. R.D.	1 Md		
d w t n pe Exar File		OF DEATH (Enter on	V 200 42 42 DOL							APPROX MATE	INTERVA.		
be executed "pending" in nief Medical E. ansit permit F	PART I	DEATH WAS CAUSED	) BY	long st	ive hea	art fai	lure			BETWEEN ONSET	ANO GEATH		
e execute pending" i ef Medical isit permit	75	IMMEDIA		AS A CONSEQUE		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
be e "per hief A ansit	Conditions, f	any, which gave )				ie Int	xicition						
d b d id i	nse ta im me	diate cause (a), (	(5)	AS A CONSEQUE		20 212 .	7220 ( 720)						
should be e e word "per o the Chief !	last	underlying cause	DOL 10, 01	NA A CONSCIOU	inct of								
showher whe was to the to the buril	DADT 2 OTUCE	CICALITICANT COND	(c)	INC TO DIATH B	IT MOT DOMESTIC	TO THE TERMINA	L D SEASE OR CONDITI	ON CIVICAL IN DARK 1/	-1				
This certificate should litote, writing the word be forwarded to the Cl dbe used as burial-tracer or removal, and in any	PART 2 OINE	1 SIGNIFICANT CONDI	MONS CONTRIBUT	ING TO DEATH B	UI NUI KELATED	TO THE TERMINA	E D SEASE OR CONDITIE	UN GIVEN IN PART IE	(a)				
certifi , writii orward orward used c	190 DATE OF	OPERATION		1196 COND TION	FOR WHICH OP	FRATION	-			T20 AUTOPSY	7		
s ce s, w forv ome	HCA			WAS PERF							NO [		
This itole, be for the u	190 DATE OF	CAUSE WAS	216 TIME OF	INJURY Manth, D	ov Year	21c HOW INTERY	OCCURRED (Enter nati	ere of injury in Part	l or Part 2 Its		. 110		
		OR CONTRIBUTING [	HOUR A.	M.	19	ere now mook.	accounts (2.116) 101	DIC OF HIRDS HIT I GHT	. 04 1 011 2, 11				
INER e cer shoul files. 3 shou	PRIMARY CAUSE OF DEA		PLACE OF INJURY (	M. At hame form		21f LOCATION Stre	pet or P F O No	City or Town		County	Stote		
EXAMINER: cute the certing oge 4 should ryour files. Page 3 should tremation, I, cremation,	WHILE AT WORK		tory, office building	ig, etc.)	117001,	I TO CONTION SILV	or or minor ma.	city of town		,	21016		
			1 1 6	1	1 1 1	. 1 .11	. %			T 6			
- 2 × 5 × 6 E		I certify that I to	ook charge of t	he remains de	escribed abov	e, held an Al	ıtapsy [7]; In		Inquiry [		y apinio		
Se lector se lec	death i	resulted fram	platural coa	ses, A	ccident [,		, Hamicide 🔲	·	d manner				
pleose direct direct DIREC	ACTUAL	1 ( x heir	M) U	Duas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CHIEF MEDICAL EXAMIN		COL DATE	FLONES			
TY 77. F	SIGNATURE	ROBERT		AS, M. E			ASSISTANT MEDICAL EX		22b DATE	el. 25	1968		
DEPUTY SIC. rcessory, pleose e e funerol director may be retoined FUNERAL DIRECT ealth prior to bu	EXAMINER'S	010 Tol	I House A		•		DEPUTY MEDICAL EXAM	<del>-</del>	*	CA, [7]	1.184		
	NAME (Type	NATION TECHNIC			OF CENTER				T\	1			
5 = = ~ 5 1	REMOVAL (Spi							LOCATION (City or		, ,,	tate)		
04	OA CHARDAL D DO	cz4n	28,19	66 Ne	w St. J	oseph s	2Sq REC D BY RE	mitsburg,	REGISTRAR'S		Ma.		
VR A15ME (5)	THE TOWNER OF THE	arence o E. Wils	E. 71/1	been .	ADDRESS	36.5	DATE FEB 2			ela Jung	6		
10M REV 1/68	Clarenc	e E. Wil	son	上 加	mltsbur	g, Md.	DATE LU A	0 1200	1	0 1			

12 TOP 18, SE ILLM 390 MARTEAND STATE DEPARTMENT OF HEALTH

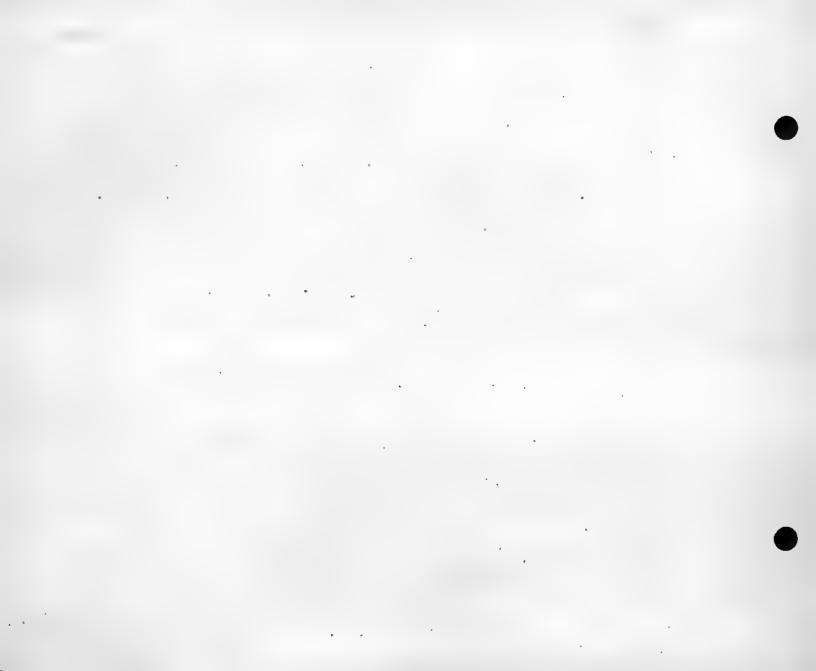


4.	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH CEPT.	1 DECEASED-NAME First Middle Lost 20, DATE KNOWN Manth Day Year 2b HOUR
~ 5 8 € §	(Type or Print)  OF ESTI-  DEATH MATED   2 1 19 68 1
\$ 2 £	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years F-MOER 1 YEAR 1F JNOER 24 HRS 2c. DATE PRONOUNCED DEAD 2G. HOUR
y delly and PM3.	Male Negro 8-25-1914 53 YRS MORRIS DAYS HOURS MIN Month Day Year 1968 2
1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
	To BIKIMPLACE (State or tore on the CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED Frederick
death he can	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in haspita during most at working life, even if retired.) INDUSTRY  120 USUAL OCC-PATION (Kind of work done during most at working life, even if retired.) INDUSTRY
<u></u> > □ ←	Frederick 31 South Bentz St Laborer Fertilizer
s after 18. Giv dang with the	odmission) STATE 13h CHINTE
v = 0 0	
	Lusi
hin 24 notifin niner's pages haurs	George Henry Weedon Laura Jane Wood  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS
I within 24 in pencil in Examiner's File pages in 72 hours	(Yes, no, or Junknown) [If yes give wor or dates of service) 217-10-0996Carrie W. Lee 31 S. Bentz St Fred.Md
	APPROX MAIL INTERVAL
xecuted nding in Medical E permit. F	PART I DEATH WAS CAUSED BY IMPERO ON SET AND DEATH  PART I DEATH WAS CAUSED BY IMPERO ONSET AND DEATH  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH
X P X D to	DUE TO, OR AS A CONSEQUENCE OF
be exc pend nef Me ansit po	Conditions, if any, which gave) (b) (type iteusive (that bisease)
ward ward the Ch rial-tra	rise to immediate cause (a).  Stating the underlying cause DUE TO, OR AS A CONSOUNCE OF
	last. (c)
s certificate s, writing the farwarded ta used as a bu emaval, and i	PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
vertificate we ting the revarded to used as a l naval, and	Z / 10. PAT OF OPERIOR. 100. CONDITION FOR MANCH OPERIOR.
This certificate, writing be forward and be used a car remand.	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
T be set	YES NO   21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
.Ep 5	₹ PRIMARY OR CONTRIBUTING HOUR A.M.
INER: ne certif shauld files. 3 shault	
EXAMINER: ute the cert age 4 shaula your files. Page 3 shau	WHILE NOT WHILE AT WORK AT WORK AT WORK
Pag Pag or y al,	220   certify that I took charge of the remains described above, held on Autopsy 🔼 Inspection 🗍, Inquiry 🗍, and in my opin or
CTO bur bur	death resulted from Notural couses Accident . Suicide . Homicide . Undetermined monner
please direct direct retaine retaine or to b	CHIEF MEDICAL EXAMINER
Ty, ple y, ple pror	SIGNATURE SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 2200 BATE SIGNED 3 10 65
tessary, per funeral may be may be merel FUNERAL FUNERAL	EXAMINER'S ROBERT U. THOMAS, M. D. DEPUTY MEDICAL EXAMINER & YOUR & 1708
o DEPUTY necessary, F the funeral s may be n D FUNERAL Hearth price	NAME (Type) 812 Tott House Avenue ADDRESS(Street, city, town, ar caunty) Frederick
0 = = 2 D = =	23a BURIAL (REMATION, Frederick; Maryland 22 LWAR of CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
4	Burial 2-4-1968 Hopehill Hopehill Fred. Md  24 FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 250 REGISTRAR 5 SIGNATURE OF THE PROPERTY OF TH
VR A15ME (5)	FFR 5 1988 Williams
10M REV 1/68	C.E. Hicks 111 Erederick Md DAIR



FOR STATE	Ιţ	em 2a Film U	911 7170,760		PRESION STREET, BAI R'S CERTIFICATI				4800
1 - 11 - 1111	1 0	ECEASED-NAME F	Irst			UF DEATH			2662
HEALTH DEPT.		(ype or Print) Ads		Middle	Wenner		2a DATE KNOWN CO OF EST - DEATH MATED		y Year 2b HOUI
y deloy and 3 pm3 ortmo	-	Pemale whit	s date of bir 3/6/IS		GE (In years IF LNOER I YEAR Louthday) MONTHS DAYS  YRS	4F JNDER 24 HRS HOURS Min.	2c DATE PRONOUNCE	DEAD DEAD	Year 19 68 2d. HOU
De po	cou	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WH	4	Jan-di	VORCED   F	UNTY OF DEATH 'rederick		N
ve Page	81	or town of death unswick	give s	treet oddress) 5I	NSTITUTION (If not in hospite 8 IV. B. St	· Kalalia	CCOBATION (Kind of Mi		NIND OF BUSINESS OR DUSTRY
rs after 18 Grue e along 2 with deoth.	130	USUAL RESIDENCE (Where deco	eased I ved, finstitu 13b. COUNTY	tion Residence befor rederick	Frunswick	AE2 NO	51° W.		
Hem 11 Office of after d	14 F	ATHER'S NAME First George	J. B.	Lewis	15. MOTHER S M	A DEN NAME First		iddle S1	lost naff
f within 24 no pencil in Exominer's File poges 77 hours		WAS DECEASED EVER IN U.S. ARMI		16b. SOCIAL SECURITY		Ethel Tr	ADDRE		
be executed v "pending" in laief Medical Ex ansit permit Fil		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU EMME	on y one couse per la SED BY. DIATE CAUSE (o)	ne for (a) (b), and (c)		liam, Th	combo	Cir	APPROX MATE INTERVAL BETWEEN ONSET AND CEATH
be exemined while the median m		Canditions, if any, which gav- rise ta immediate cause (a)	DUE TO, OR	AS)A CONSEQUENCE O	total V	in T	Turnb	6240	77
should be to word "per to the Chief I burrol-fransit I in ony ever	2	stating the underlying cousingst	DUE TO, OR	AS A CONSEQUENCE O	ruel K	2. Hy	2		
0 = 0		PART OTHER SIGNIFICANT GO	NOTIONS CONTRIBUTIONS	ng to death but no	RALATED TO THE TERMINAL	DISEASE OR CONDING	DAY GIVEN IN PART 1(6)	A	
CAL EXAMINER: This certificat execute the certificate, writing or. Page 4 should be forworded of for your files.  TOR: Page 3 should be msed os ourial, cremation, or removal, or	CERTIFICATION	190 BATE OF OPERATION	1968	196 CONDITION FOR WAS PERFORMED	Frenchus	2 Nec	k Florie	1	20. AUTOPSY? YES NO
	WED CAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	SM SHOURAL		67 1-00	cut h	re af injury in Part 1 a	or Port 2, Item	
		21d INJURY OCCURRED 21 WHILE NOT WHILE AT WORK AT WORK	e PLACE OF INJURY (/ factory, office builting	At hame farm, street,	275 OCATION STORE		A College	il '	ounty Will.
		220 I certify that death resulted from			ed obove, held an Aut		spection, In Undetermined	monner .	and in my opinion
direct direct direct billion		ACTUAL PS	2- OF P	Company Action	CH	HEF MEDICAL EXAMIN	ER	_	
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necesson the fun 5 may 10 mine Health Health	23c	BURIAL, CREMATION, TECHE			CEMETERY OR CREMATORY	DDRESS(Street, city, to	own, ar county)  10CAT ON (City or You	wn) (Ca	unty) (State)
3		REMOVAL (Spec by) FUNERAL DIRECTOR	2/23/58	Luther	ran Cemeter Mick, Md.	250. REC D BY RE	efferson GISTRAR 125b RE	EGISTRAR S SIGN	bil bas
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH TIDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) FebMonth 5 & Doy ROBERT 0940A WILLARD LRE The law requires that the death certificate be executed within 24 haurs after-de 3. SEX 4. RACE S DATE OF BIRTH 6 AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS lost businesy) Male Cauc. 22 Feb 1920 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED filled in auriai-iransit permit. Then please remave carban papers. burial, cremation, ar remaval, and in any event, within 72 h Baltimore, Md. U.S.A. DIVORCED [7] Frederick WIDOWED [ 11 NAME OF HOSPITANO INSTITUTION (I was in togethal Red 12a, USUA: OCCUPATION (Kind of work done give street oddress)

Gen. Hosp. Ft Detrick, Md. Micro biologist 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Frederick campletely USA Gov't 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 😿 524 Gmant Place Frederick NO T 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First M ddle Lost John Willard Pear1 O'Haro Ē 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Address Yes po or unknown) Mrs. Mary C. Willard 524 Grant Pl. Fred. Md. 219-05-0137 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction with arrhythmia 0980-0 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NOXX 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INITURY OCCURRED Stote City or Town County While Not while of work 22a. I certify that (1) (this this spital) attended the deceased fram 0.830 ... 4 Feb., 19.68 , to 0.940 4 feb., 68 , that (1) (we) last saw the deceased alive an 4 Feb \_19\_68 and that in (my) (gray) apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 4 Feb 68 DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) FRANK M. CALIA, CPT. MC US Army Medical Unit, Ft Detrick, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL CREMATION. 23b DATE Bull 431 (Specify) Frederick. Frederick, Md. Mount Olivet Cemetery 24 SUNERAL DIRECTOR S PATER 8 1 25b REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DATFEB 1968 30M REV 1/68 Robert E. Dan Tev & Son



MARYLAND STATE DEPARTMENT OF HEALTH 02619 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02665 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2o. DATE OF DEATH 2b. HOUR 24 haurs after death FEBRUARY Month (Type or print) 1958 MARTE WINEBRENER 3 SEX 4. RACE 6. AGE (In years last birthday) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DILYS Female White November 9, 1900 YRS 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED county) Maryland remove carban popers. WIDOWED [ DIVORCED [ Frederick U. S. A. P IG. CITY OR TOWN OF DEATH the attending physician and campletely fille sit permit. Then please remove carban pa within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) give street oddress)
Frederick Memorial Hospital Housewife INDUSTRY 64 Frederick in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Frederick NO Grederick 601 Biggs Avenue 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Charles Strine Grim Amanda remayol, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md. (If yes give war or dates of service) Yes, no, or unknown) George K. Winebrener. 601 Biggs Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: ь IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if dny, which gove ; rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? YES T NO 🗔 director, page 3 should be detached for use should be filed with the State Dept. of Health p 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from\_ 19>0 2-4- 1968 , that (1) (we) last 2 - 6 - 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. February 9, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Rex R. Martin, M. D. 220 N. Market Street, Frederick, Md. 23o. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) 0 Feb. 12.1968 Mount Olivet Cemetery Frederick Frederick Md. Breule M. ADDRESS Fadeley 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 M. R. Etchison & Son, Frederick, Maryland FEB Otherson Judge

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